

OZAUKEE COUNTY JAIL CHILD CARE RELEASE FORM

Name of Child

Date of Birth

Relationship

RESIDENCE WHERE CHILD CARE WILL TAKE PLACE

Street Address

Cell Phone Number

City

State

Zip Code

NAME OF PERSON DOING CHILD CARE WHILE YOU ARE AT JAIL

Full Name

Relationship to you

Street Address

Cell Phone Number

City

State

Zip Code

Note: A work schedule on company letterhead is required from the parent/guardian you are doing child care for before you will be released. Copies of Birth Certificates of each child are required. Please attach them to this packet.

Jail Use Only:

Information verified by: _____ Date: _____